

AR1000A

STATE OF ARKANSAS
Amended Individual Income Tax Return
FULL YEAR RESIDENTS AMENDING ALL TAX YEARS

	FOR OFFICE USE ONLY	● File Date	● Amount Paid
Tax Year Amending: ● _____		● Your Social Security Number	
Fiscal Year Ending: ● _____			
● First Name and Initial: <i>(List both if applicable)</i>		● Last Name	● Spouse Social Security Number
● Present Address: Number and Street, Apartment Number or Rural Route			● Prep. I.D.
● City, Town or Post Office, State and Zip Code		Telephone Numbers Work: _____ Home: _____	

CHECK ONLY ONE BOX BELOW:

<p>1. <input type="checkbox"/> SINGLE: <i>(Or widowed or divorced before the end of the tax year you are amending.)</i></p> <p>2. <input type="checkbox"/> MARRIED FILING JOINT: <i>(Even if only one had income)</i></p> <p>3. <input type="checkbox"/> HEAD OF HOUSEHOLD: If the qualifying person is your child but not your dependent, enter this child's name here: _____</p>	<p>4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON SAME RETURNS:</p> <p>5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS: <i>(Enter spouse's full name here and SSN above).</i> _____</p> <p>6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. <i>(Year spouse died):</i> 19____.</p>
<p>7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF QUALIFYING WIDOW(ER)</p> <p>7B. First name(s) of dependent(s): _____ Multiply number of boxes checked from Line 7A <input type="checkbox"/> x 20.00 = _____ 00 Multiply number of dependent(s) from Line 7B <input type="checkbox"/> x 20.00 = _____ 00</p> <p>7C. First name(s) of retarded child(ren): _____ Multiply number of retarded child(ren) from Line 7C .. <input type="checkbox"/> x 500.00 = _____ 00</p> <p>7D. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A, 7B and 7C. Enter total here and on Line 18)</i>7D _____ 00</p>	
<p>Has Your Tax Return Been Adjusted By the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Attach Reports.</p>	

INCOME		PART 1: ORIGINAL		PART 2: AMENDED			
		A. YOURS	B. SPOUSE	A. YOURS		B. SPOUSE	
8. Total Income.....	8.	00	00	8.	00	00	00
9. Adjustments to Income:	9.	00	00	9.	00	00	00
10. Adjusted Gross Income.....	10.	00	00	10.	00	00	00
11. Itemized Deductions	11.	00	00	11.	00	00	00
12. Net Taxable Income	12.	00	00	12.	00	00	00
TAX COMPUTATION				A. YOURS	B. SPOUSE		
13. Select tax table: <i>(Enter tax from table)</i>				00	00		
<input type="checkbox"/> LOW INCOME <input type="checkbox"/> REGULAR <input type="checkbox"/> AR1000DGW Table 1 Table 2							
14. Tax: <i>(Enter total from Lines 13A and 13B)</i>				14.	00		
15. Enter tax from ten (10) year averaging schedule: <i>(Attach AR1000TD)</i>				15.	00		
16. IRA and qualified plan withdrawal and overpayment penalties: <i>(Attach Federal Form 5329 if required)</i>				16.	00		
17. TOTAL TAX: <i>(Add Lines 14-16. Enter here)</i>				17.	00		
TAX CREDITS:							
18. Personal tax credit(s): <i>(Enter total from Line 7D)</i>				18.	00		
19. Working Taxpayer Credit: <i>(See Instructions. Attach AR1328)</i>				19.	00		
20. State Political Contributions Credit: <i>(Attach Schedule)</i>				20.	00		
21. Other State tax credit(s): <i>(Attach copy of other State return(s))</i>				21.	00		
22. Child care credit(s): <i>(Attach Federal Form 2441 or 1040A)</i>				22.	00		
23. Credit for adoption expenses: <i>(Attach Federal Form 8839, 20% of Federal credit allowed)</i>				23.	00		
24. Business and incentive tax credits: <i>(Attach Schedule and certificate)</i>				24.	00		
25. TOTAL CREDITS: <i>(Add Lines 18-24)</i>				25.	00		
26. NET TAX: <i>(Subtract Line 25 from Line 17. Enter here)</i>				26.	00		

27. NET TAX: (From Line 26).		27.		00
PAYMENTS				
28. Arkansas Income Tax withheld:	28.		00	
29. Estimated tax paid or credit brought forward from last year:	29.		00	
30. Early childhood program: Certification No.: _____ <i>Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed and Certification Form AR1000EC.</i>	30.		00	
31. Amount Paid with Return	31.		00	
32. Amount Paid after Return was filed	32.		00	
33. TOTAL PAID. (Add Lines 28 through 32. Enter here).	33.		00	
34. Enter prior Overpayment/Refund/Estimate carried forward	34.		00	
35. TOTAL PAYMENTS: (Subtract Line 34 from Line 33. Enter here).	35.		00	
REFUND OR TAX DUE				
36. AMOUNT TO BE REFUNDED TO YOU: (If Lines 35 is greater than Line 27, enter here).		36.		00
37. AMOUNT DUE: (If line 27 is greater than Line 35, enter here).		37.		00
PLEASE SIGN HERE				
Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature:		Occupation:		Date:
Spouse's Signature:		Occupation:		Date:
Paid Preparer's Signature:			ID Number / SSN:	
Name:		City/State/ZIP:		<i>Mail to:</i> Arkansas State Income Tax Amended Tax Group P. O. Box 3628 Little Rock, Arkansas 72203-3628
Address:		Telephone:		
Required: Explanation for filing Amended Return:				